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Mailing Address

881 N. BEACH ST

ORMOND BEACH FL 32174

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 314355

1. Corporation Name

Principal Place of Business

ORMOND BEACH FL 32174

881 N. BEACH ST

CITY-ST-ZIF

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

ACER, HELEN

881 N BEACH STREET

ORMOND BEACH FL

TITLE

NAME

TITLE

NAME

TITLE

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NAME

DONALD ACER INC.

3. Date Incorporated or Qualifed <u>03/03/1967</u> Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-1171134 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5:00 May Be 6. Election Campaign Financing City & State City & State П Added to Fees Trust Fund Contribution 28 23 This corporation owes the current year Intangible Country Zip Country Zip □No 30 Personal Property Tax. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GEORGE, NICHOLAS A Street Address (P.O. Box Number is Not Acceptable) 82 500 N OLEANDER 83 DAYTONA BEACH FL 32018 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition Change | DELETE 1.1 TITLE TITLE 1.2 NAME ACER .DONALD W JR., NAME 1.3 STREET ADDRESS 881 N. BEACH ST STREET ADDRESS 1.4 CITY-ST-ZIP ORMOND BEACH FL CITY-ST-ZIP Addition Change T) DELETE 2.1 TITLE TITLE 2.2 NAME TOWEY, LOIS M. NAME 2.3 STREET ADDRESS 193 HERNANDEZ AVE. STREET ADDRESS 2.4 CITY-ST-ZIP ORMOND BEACH FL

3.1 TITLE

3 2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

als M. Towey

FILED Feb 21, 1999 8:00 am

Secretary of State

02-21-1999 90010 036 ***150.00

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CR2E034 (11/98)

☐ Addition

☐ Addition

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Addition

X Change

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